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Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **828899** **(5)**

1. Corporation Name
DEAN WITTER REYNOLDS INSURANCE SERVICES, INC.

Principal Place of Business	Mailing Address
C/O CORPORATE TAX DEPT 101 CALIF ST SAN FRAN CA 94111-5801	C/O CORPORATE TAX DEPT 101 CALIF ST SAN FRAN CA 94111-5801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1972**

2. Principal Place of Business 21	2a. Mailing Address 26 c/o Morgan Stanley Dean Witter & Co.	4. FEI Number: **51-0116113**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 1221 Avenue of the Americas, 23rd Floor	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 New York , New York	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 10020 / 30 USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALECCI, FRANK M	1.2 NAME	
STREET ADDRESS	C/O DEAN WITTER REYNOLDS, RIDGEWOOD &RTE17	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARAMUS NJ 07652	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEIGH, KERRY M	2.2 NAME	
STREET ADDRESS	% DEAN WITTER REYNOLDS, 2 WORLD TRACE CEN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS, RAYMOND F	3.2 NAME	
STREET ADDRESS	101 CALIFORNIA STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94111	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, WILLIAM D	4.2 NAME	
STREET ADDRESS	% DEAN WITTER REYNOLDS, 4422 WILLARD AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD 20815	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	FITZPATRICK, DANIEL	5.2 NAME	
STREET ADDRESS	% DEAN WITTER REYNOLD, 5 WORLD TRADE CEN.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	5.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FULLER, MILTON A	6.2 NAME	
STREET ADDRESS	% DEAN WITTER REYNOLDS, 2 WORLD TRADE CEN.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ EDWARD P. DOUGLAS 4/13/98 (212) 762-6904

CR2E034 (10/97)